

HAP MINOR BASEBALL REGISTRATION

DATE _____

PLEASE PRINT FIRMLY

NAME _____ AGE _____ GRADE _____ BIRTHDATE ____/____/____

ADDRESS _____ CITY _____ ZIP _____

HOME PH. () _____ SCHOOL _____ HEIGHT _____ WEIGHT _____

PARENT'S NAME _____ PARENT WK. PH. () _____

DID YOU PLAY IN THE HAP MINOR BASEBALL PROGRAM LAST YEAR? ☐ YES ☐ NO

IF YES, NAME OF TEAM _____ COACH'S NAME _____

ARE YOU SIGNING UP WITH A FRIEND? ☐ YES ☐ NO IF YES, NAME OF FRIEND _____DID YOU PLAY IN THE BURBANK PAROCHIAL LEAGUE THIS PAST SEASON? ☐ YES ☐ NO

IF YES, NAME OF PARISH AND TEAM? _____

WHICH HAND DO YOU THROW WITH? ☐ RIGHT ☐ LEFT ----- PITCHER? ☐ YES ☐ NOWHICH WAY DO YOU BAT? ☐ RIGHT ☐ LEFT ☐ SWITCH HITTER

WHAT POSITIONS DO YOU PLAY? _____

MY PARENTS WILL HELP? ☐ COACH ☐ MANAGE ☐ SPONSOR

COMMENTS: _____

*******FOR OFFICE USE ONLY*******

TEAM ASSIGNED TO _____ COACH _____ PH. _____

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